

**FEC  
FORM 3P**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED  
FEC MAILCENTER

2023 FEB -1 PM 12: 52  
Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines. 12FE4M5

2024 JEROME SEGAL FOR PRESIDENT

ADDRESS (number and street)

PO BOX 5424

Check if different  
than previously  
reported (ACC)

TAKOMA PARK

CITY

MD. 20913

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00823245

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3)  
☐ July 15 (Q2) ☒ January 31 Year-End Report (YE)

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

12-Day Pre-Election Report for the Election on

M M / D D / Y Y Y Y

in the State of

30-Day Post-Election Report for the General Election on

M M / D D / Y Y Y Y

4. IS THIS REPORT AND AMENDMENT?

yes no

5. COVERING PERIOD

10 1 2022

THROUGH

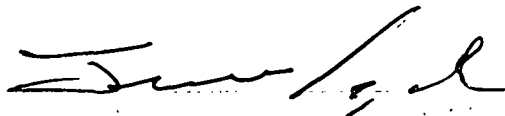
12 31 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JEROME SEGAL

Signature of Treasurer



Date

01 21 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

2024 JEROME SEGAL FOR PRESIDENT

Report Covering the Period:

From:

10 01 2022

To:

12 31 2022

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ..... 6176

7. TOTAL RECEIPTS THIS PERIOD  
(From Line 22, Column A, Page 3) ..... 20,024.04

8. SUBTOTAL  
(Lines 6 and 7) ..... 20,085.80

9. TOTAL DISBURSEMENTS THIS PERIOD  
(From Line 30, Column A, Page 4) ..... 11,249.00

10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD  
(Subtract Line 9 from 8) ..... 8,836.80

11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE  
(Itemize All on Schedule C-P or Schedule D-P) ..... 0

12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE  
(Itemize All on Schedule C-P or Schedule D-P) ..... 29,124.04

13. EXPENDITURES SUBJECT TO LIMITATION  
(Use the worksheet on Page 8 to calculate this amount.)

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)  
(Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3) ..... 0.00

15. NET OPERATING EXPENDITURES  
(Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)

## Page 3

[illegible]

To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P).....		0	0
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees		0	
(i) itemized .....			0
(ii) unitemized .....			0
(iii) Total contributions .....			0
(b) Political Party Committees .....		0	0
(c) Other Political Committees .....		0	0
(d) The Candidate .....		0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....		0	0
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		0	0
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....		20,024.04	20,124.04
(b) Other Loans .....		0	0
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....		20,024.04	20,124.04
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):			
(a) Operating .....			0
(b) Fundraising .....		0	0
(c) Legal and Accounting .....		0	0
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....		0	0
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....		0	0
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....		20,024.04	20,124.04

2023-02-01-0304050607

# **DETAILED SUMMARY PAGE** of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

2024 SEGAL For President

Report Covering the Period:

From:

To:

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	11,249.00	11,287.24
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	0
25. FUNDRAISING DISBURSEMENTS.....	0	0
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0	0
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0	0
(b) Other Repayments.....	0	0
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0	0
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees.....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)).....	0	0
29. OTHER DISBURSEMENTS.....	0	0
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29).....	11,249.00	11,287.24

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List).....

ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C00-823,241-

2024 JEROME SEGAL FOR PRESIDENT

ADDRESS (number and street)

P.O. Box 5929

TAKOMA PARK

CITY

MD

STATE

20913

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 7

Rhode Island

South Carolina

South Dakota

Tennessee

Texas

Utah

Vermont

Virginia

Washington

West Virginia

Wisconsin

Wyoming

Puerto Rico

Guam

Virgin Islands

TOTALS

# EXPENDITURES SUBJECT TO LIMITATION

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 8

NAME OF COMMITTEE (in Full)

Report Covering the Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y

**A. OPERATING EXPENDITURES**

(Line 23, Column B).....

\$ . . . . .

**B. OPERATING OFFSETS**

(Line 20a, Column B).....

\$ . . . . .

**C. NET OPERATING EXPENDITURES (for the election cycle)**

(Subtract Line B from A).....



\$ . . . . .

**D. FUNDRAISING DISBURSEMENTS**

(Line 25, Column B).....

\$ . . . . .

**E. OFFSETS TO FUNDRAISING DISBURSEMENTS**

(Line 20b, Column B).....

\$ . . . . .

**F. NET FUNDRAISING DISBURSEMENTS (for the election cycle)**

(Subtract Line E from D).....



\$ . . . . .

**G. 20% EXEMPTION**

(20% of Overall Expenditure Limit).....

\$ . . . . .

**H. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT**

(Subtract Line G from F).....



\$ . . . . .

**I. TOTAL EXPENDITURES SUBJECT TO LIMITATION**

(Add Lines C and H).....



\$ . . . . .

NON DISBURSEMENTS



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

2024 JEROME SEGAL FOR PRES. CAND

A. Full Name (Last, First, Middle Initial)

(no receipts other than  
loans from committee)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

**SCHEDULE B-P**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. *John Zogby + Associates*

Mailing Address  
*10 OAKWOOD DRIVE*

City *New Hartford Conn* State *CT* Zip Code *06413*

Purpose of Disbursement  
*Polling*

Candidate Name  
*Jerome SEGAL*

Office Sought: ☐ House ☐ Senate ☒ President  
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) *Polling*

State: *CT* District: *1*

Date of Disbursement

*10 12 2022*

FEC Identification Number

*C 008232245*

Amount of Each Disbursement this Period

*8,500.00*

Memo Item

B. *E Releases*

Mailing Address  
*5024 Campbell Blvd*

City *Baltimore* State *MD* Zip Code *21236*

Purpose of Disbursement  
*Press Releases*

Candidate Name  
*Jerome SEGAL*

Office Sought: ☐ House ☐ Senate ☒ President  
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) *Press*

State: *MD* District: *1*

Date of Disbursement

*11 15 2022*

FEC Identification Number

*C 008232245*

Amount of Each Disbursement this Period

*699.00*

Memo Item

C. *GENERAL & BROAD LLC*

Mailing Address  
*53 HOGUE ST, N.E*

City *Atlanta* State *GA* Zip Code *30312*

Purpose of Disbursement  
*Fund Raising*

Candidate Name  
*Jerome SEGAL*

Office Sought: ☐ House ☐ Senate ☒ President  
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) *Fund Raising*

State: *GA* District: *1*

Date of Disbursement

*11 22 2022*

FEC Identification Number

*C 008232245*

Amount of Each Disbursement this Period

*2050.00*

Memo Item

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

# SCHEDULE C-P

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 19a ☐ 19b

NAME OF COMMITTEE (In Full)

2024 Terom SEGAL For President

LOAN SOURCE Full Name (Last, First, Middle Initial)

SEGAL, Terom

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 5424

City

Takoma Park

State

MD

Zip Code

20913

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

20,124.04

0

20,124.04

### TERMS

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

MM/YY

MM/YY

MM/YY

MM/YY

0% (apr)

☐ Yes

☐ No

### List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS

Supplementary from Information  
found on Page \_\_\_ of Schedule C-P

NAME OF COMMITTEE (in full, type or print). None FEC IDENTIFICATION NUMBER C

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

If yes, date originally incurred:

No Yes

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

(Endorsers and guarantors must be reported on Schedule C-P.)

No Yes

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes

If yes, specify:

What is the value of this collateral.

Does the lender have a  
perfected security interest in it?

No Yes

E. Are any future contributions or future receipts of interest income  
or future receipts of public financing pledged as collateral for this loan? No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to  
11 CFR 100.82(e)(2)(iii) and 100.144(e)(2)(iii). Date account established.

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make  
direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

\_\_\_\_\_

Signature of Treasurer \_\_\_\_\_

Date

M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.82(e)(2)(iii) and 100.144(e)(2)(iii) in making this loan.

Type or Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature of Authorized Representative

Date

M M / D D / Y Y Y Y

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

11  
12

NAME OF COMMITTEE (In Full)

2024 SEGM FOR President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

None

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....

2) TOTALS This Period (last page this line number only) .....

3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) .....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....

## FEC FORM 3Z-P (File with Form 3P)

## Part 1: CONSOLIDATION REPORT

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

Report Covering Period from: M M / D D / Y Y Y Y

10 01 2022

to: M M / D D / Y Y Y Y

12 31 2022

2024 JEROME SEGAL For President

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE

(Use Separate Page for Each Committee)

## LINE DESCRIPTION

6	Cash on Hand at Beginning of Reporting Period	61.76
10	Cash on Hand at Close of Reporting Period	8876.80
11	Debts and Obligations Owed TO the Committee	0
12	Debts and Obligations Owed BY the Committee	20,124.04
13	Expenditures Subject to Limitation	
14	Net Contributions	
15	Net Operating Expenditures	11,249.00
16	Federal Funds	
17(a)	Contributions from Individuals/Persons Other Than Political Committees	0
17(b)	Contributions from Political Party Committees	0
17(c)	Contributions from Other Political Committees	0
17(d)	Contributions from the Candidate	0
17(e)	Total Contributions	0
18	Transfers from Other Authorized Committees	0
19(a)	Loans Received From or Guaranteed by the Candidate	20,024.04
19(b)	Other Loans	0
19(c)	Total Loans	20,024.04
20(a)	Offsets to Operating Expenditures	

## LINE DESCRIPTION

20(b)	Offsets to Fundraising Expenditures	0
20(c)	Offsets to Legal and Accounting Expenditures	0
20(d)	Total Offsets to Expenditures	0
21	Other Receipts	0
22	Total Receipts	0
23	Operating Expenditures	11,249.00
24	Transfers to Other Authorized Committees	0
25	Fundraising Disbursements	0
26	Exempt Legal and Accounting Disbursements	0
27(a)	Repayments of Loans Made or Guaranteed by Candidate	0
27(b)	Other Loan Repayments	0
27(c)	Total Loan Repayments Made	0
28(a)	Refunds of Contributions from Individuals/Persons	0
28(b)	Refunds of Contributions from Political Party Committees	0
28(c)	Refunds of Contributions from Other Political Committees	0
28(d)	Total Contributions Refunds	0
29	Other Disbursements	0
30	Total Disbursements	11,249.00
31	Items on Hand to be Liquidated	

**FEC FORM 3Z-P (File with Form 3P)**  
**Part 2: CONSOLIDATED TOTALS**  
**FOR ALL AUTHORIZED COMMITTEES**

Report Covering Period from: M M / D D / Y Y Y Y

to: M M / D D / Y Y Y Y

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	
6	Cash on Hand at Beginning of Reporting Period
10	Cash on Hand at Close of Reporting Period
11	Debts and Obligations Owed TO the Committee
12	Debts and Obligations Owed BY the Committee
13	Expenditures Subject to Limitation
14	Net Contributions
15	Net Operating Expenditures
16	Federal Funds
17(a)	Contributions from Individuals/Persons Other Than Political Committees
17(b)	Contributions from Political Party Committees
17(c)	Contributions from Other Political Committees
17(d)	Contributions from the Candidate
17(e)	Total Contributions
18	Transfers from Other Authorized Committees
19(a)	Loans Received From or Guaranteed by the Candidate
19(b)	Other Loans
19(c)	Total Loans
20(a)	Offsets to Operating Expenditures

LINE DESCRIPTION	
20(b)	Offsets to Fundraising Expenditures
20(c)	Offsets to Legal and Accounting Expenditures
20(d)	Total Offsets to Expenditures
21	Other Receipts
22	Total Receipts
23	Operating Expenditures
24	Transfers to Other Authorized Committees
25	Fundraising Disbursements
26	Exempt Legal and Accounting Disbursements
27(a)	Repayments of Loans Made or Guaranteed by Candidate
27(b)	Other Loan Repayments
27(c)	Total Loan Repayments Made
28(a)	Refunds of Contributions from Individuals/Persons
28(b)	Refunds of Contributions from Political Party Committees
28(c)	Refunds of Contributions from Other Political Committees
28(d)	Total Contributions Refunds
29	Other Disbursements
30	Total Disbursements
31	Items on Hand to be Liquidated

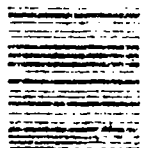


2023 FEB -1 PM 12: 52

Federal Election Commission  
1050 First Street, NE  
Washington DC  
20463

**Jerome Segal**  
7910 Takoma Ave.  
Silver Spring, MD 20910-5226

8515



25

23

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <span style="margin-left: 50px;">1/25/23</span> Date of Receipt <span style="margin-left: 100px;">2/1/23</span>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <span style="margin-left: 20px;"><i>MP</i></span> (3/2015)	<span style="margin-left: 50px;">2/1/23</span> DATE PREPARED

NOT FOR FILING